

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sarah Nora Adams

MARYLAND

Died at *M<sup>c</sup> Daniel* Town *Talbot* CountyDate of death *1906* Month *Sept.* Day *23* Age *16* Years Months *—* Days *9*Sex *Female* Color or Race *Black* Birthplace *M<sup>c</sup> Daniel*Occupation *House Work* Where Residing if not at place of death *M<sup>c</sup> Daniel*Married, Single or ~~Widowed~~ Name of Wife or Husband *None*Father's Name *William T. Adams* Father's Birthplace *Talbot Co.*Mother's Maiden Name *Sarah Hannah Drake* Mother's Birthplace *Talbot Co*Name of person giving information *Sarah Hannah Adams* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Catarrh* How long *Twelve* MonthsImmediate *Consumption* How long *Five* MonthsAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Joseph G. Skinner S. Reg.*Address *M<sup>c</sup> Daniel**Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah E Bailey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Easton</i> <small>Town</small>		<i>Talbot</i> <small>County</small>			
Date of death <i>1906</i> <small>Month</small> <i>Sept.</i> <small>Day</small> <i>2</i>		Age <i>13</i> <small>Years</small> <del><i>#</i></del>		<i>11-</i> <small>Months</small> <i>25</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Easton Md.</i>			
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Abraham Bailey</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Lillie Price</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Lillie Bailey</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Tuberculosis (Lungs)</i>	How long <i>2 Mos</i>
Immediate <i>&amp; Haematem</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Dandon</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
In  
Full

Elmora Banks

## CERTIFICATE OF DEATH

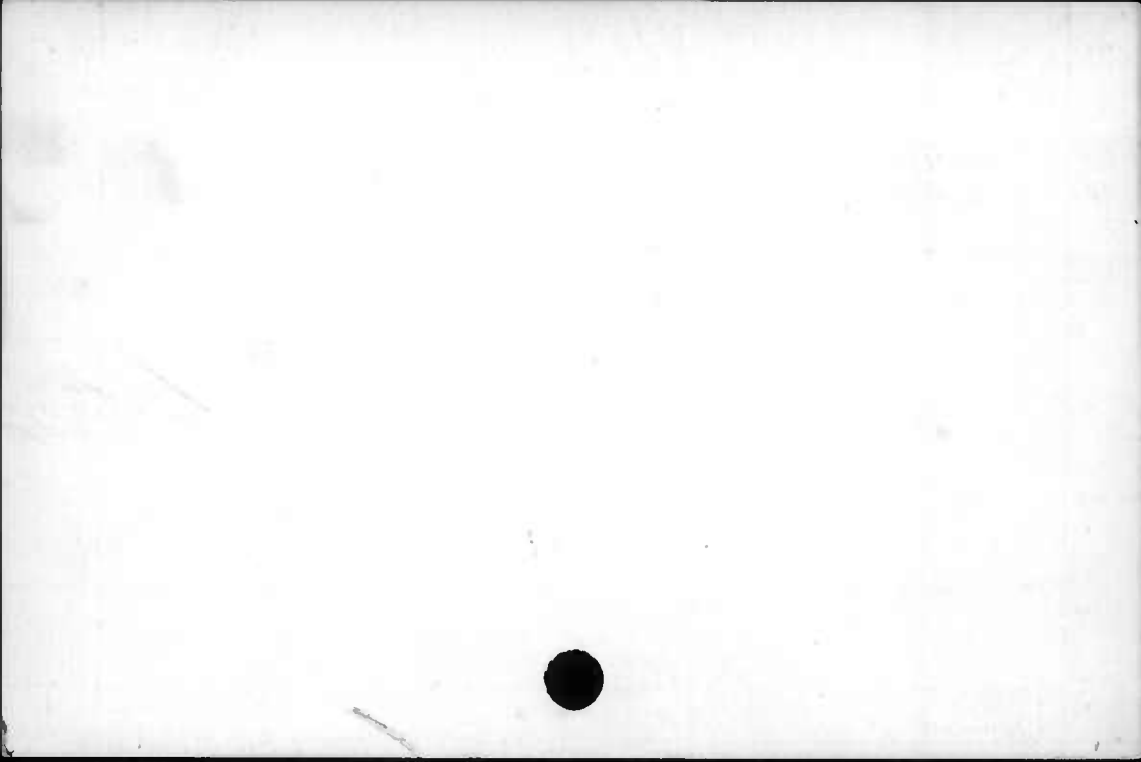
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <u>Trappe</u>		County <u>Talbot</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>9</u>	Day <u>11</u>	Age	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro -</u>		Birth-place <u>Talbot Co Md.</u>			
Occupation <u>Housewife.</u>	Where Residing if not at place of death <u>_____</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Daniel Banks -</u>					
Father's Name <u>Don't know</u>	Father's Birthplace <u>_____</u>					
Mother's Maiden Name <u>Clara Green -</u>	Mother's Birthplace <u>Talbot Co Md</u>					
Name of person giving information <u>Daniel Banks -</u>	How related to deceased <u>Husband</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>18 months</u>
Immediate <u>Embolism of Heart</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joseph A. Brown MD</u>
<u>Yes</u>	Address <u>Trappe Talbot Co Md</u>
Accident or Suicide? <u>_____</u>	



Name  
in  
Full

Mary E. Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Lalbot</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>28</u>	Age <u>49</u>	Months <u>8</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>African</u>		Birth-place <u>Lalbot Co. Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Easton Md.</u>				
Married, Single <u>Widowed</u>	Name of <del>Wife or</del> Husband <u>Wm. Bruce</u>				
Father's Name <u>John Webb.</u>	Father's Birthplace <u>Car. Co. Md.</u>				
Mother's Maiden Name <u>Mary E. Stuart</u>	Mother's Birthplace <u>Car. Co. Md.</u>				
Name of person giving information <u>Wm. Bruce</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

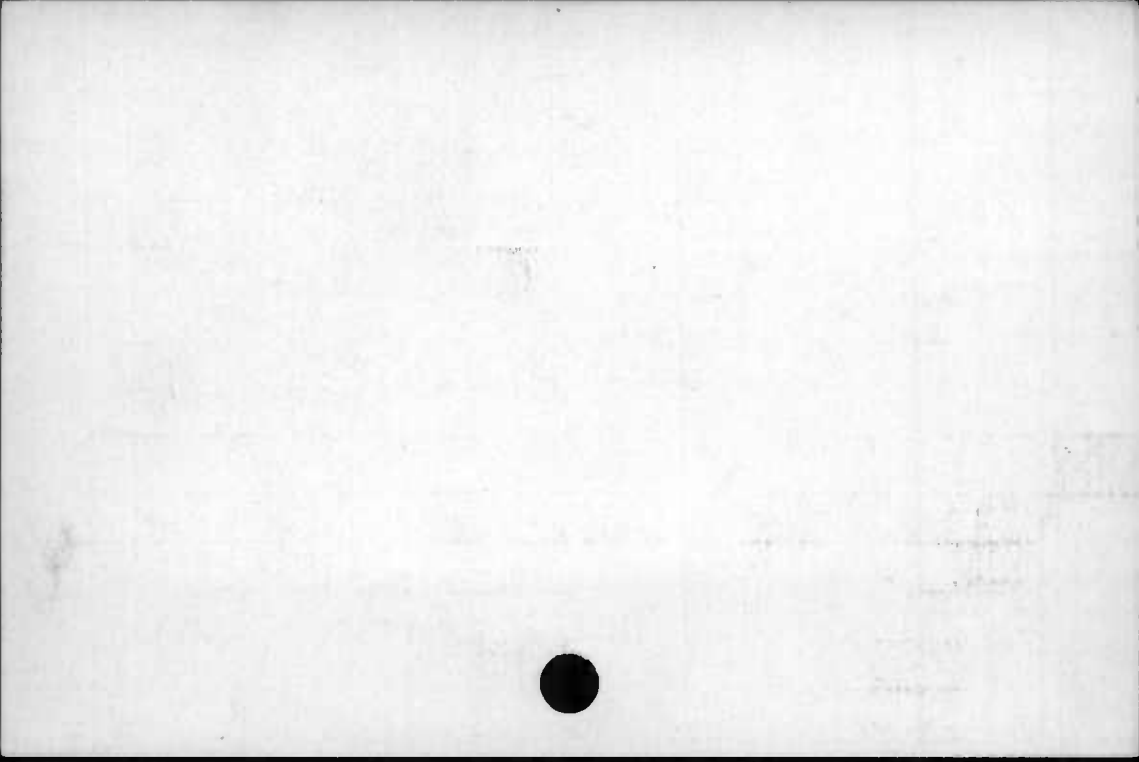
PHYSICIAN  
OR CORONER

Primary <u>Bright's disease</u>	<u>120</u> <small>How long</small>	<u>3 mos.</u>
Immediate <u>Uremic toxemia</u>	<u>3 days</u> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. Deany Wellens MD.</u>	
<u>9</u>	Address <u>Easton Md.</u>	
Accident or Suicide?		





Name in Full		Annie Maria Brooks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
		Date of death <u>7</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>7</u> <small>Friday</small>		Age <u>64</u> <small>Years</small>		<u>8</u> <small>Months</small> <u>2</u> <small>Days</small>	
		Sex <u>Female</u>		Color or <del>Race</del>		Birth-place <u>Perry Hall</u>	
		Occupation <u>Midwife</u>		Where Residing If not at place of death			
		Married, Single or Widowed		Name of Wife or Husband <u>John W Brooks</u>			
PHYSICIAN OR CORONER		Father's Name <u>Joseph Johnson</u>		Father's Birthplace <u>Talbot Co.</u>			
		Mother's Maiden Name <u>Maria Gibson</u>		Mother's Birthplace <u>Talbot Co.</u>			
		Name of person giving information <u>Maria Augusta</u>		How related to deceased <u>daughters</u>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Heart Disease - Arteriosclerosis</u>		How long <u>6 mos</u>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>			
				Address <u>Berkeley</u>			
		Accident or Suicide?					



Name  
in  
Full

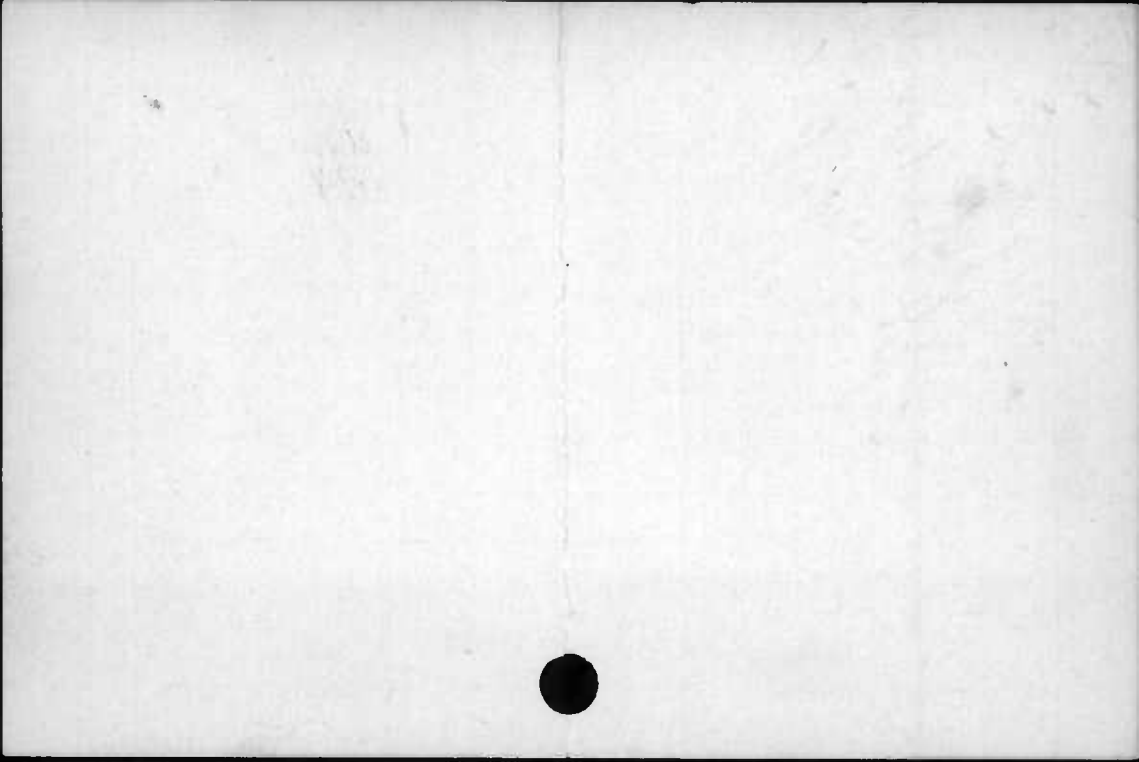
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	27	39			
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	Housewife			Where Residing If not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name		Jas. Merrick		Father's Birthplace		Maryland	
Mother's Maiden Name		Annies Longnes		Mother's Birthplace		Maryland	
Name of person giving information		L. M. B. Carter		How related to deceased		Husband	

## CAUSES OF DEATH

Primary	Hepatic Abscess		How long	Not known to mother
Immediate	Ruptured Abscess Aorta Septic Infection of lungs		How long	First visit after emphysema set in
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		J. W. Ford		
Address		Cordora.		
Is patient has been in delicate health for 3 years.		Maryland		
Accident or Suicide?				



Name  
in  
Full

James Hopkins Caulk

## CERTIFICATE OF DEATH

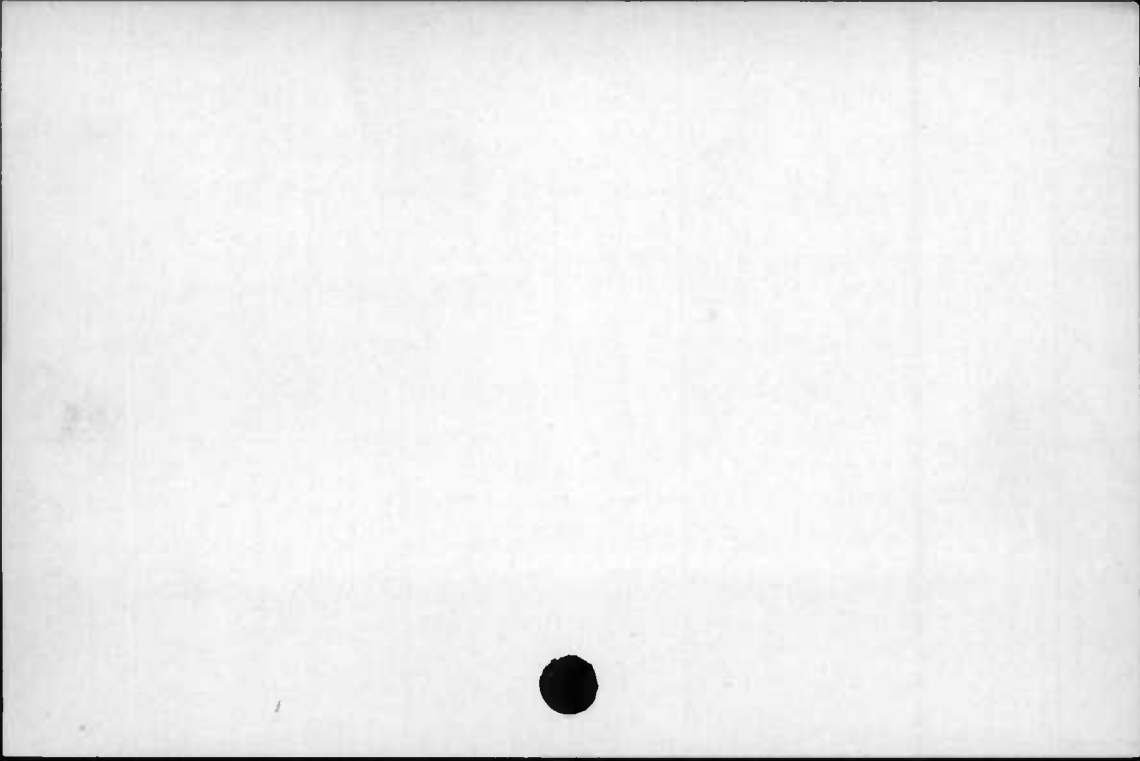
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McDaniel</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept.</i>	Day <i>29</i>	Age <i>62 yrs</i>	Months <i>23 days</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death —		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie R. McDaniel</i>			
Father's Name <i>John R. Caulk</i>			Father's Birthplace <i>Talbot Co Md</i>		
Mother's Maiden Name <i>Ellen Hopkins</i>			Mother's Birthplace <i>Talbot Co Md</i>		
Name of person giving information <i>Charley Caulk</i>			How related to deceased <i>brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Interstitial Nephritis</i>	How long <i>18 months</i>
Immediate	<i>General Asthma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. E. Zipp</i>
		Address <i>St. Michael Md.</i>
Accident or Suicide?		



Name In Full		Susann Chase				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Grapple		County Talbot		MARYLAND	
	Date of death	1906	Month Sept	Day 30	Age 79	Months -	Days -
	Sex	female		Color or Race	colored		Birthplace Maryland
	Occupation	House work			Where Residing if not at place of death		
	Married, Single or Widowed	married		Name of Wife or Husband John W. Chase			
	Father's Name	John Boone				Father's Birthplace	md
	Mother's Maiden Name	Mary Hallen				Mother's Birthplace	md
Name of person giving information	Mary Boone				How related to deceased	Daughter	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Cerebral hemorrhage				How long	4 wks
	Immediate	coma				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. S. Seymour	
	Accident or Suicide?		✓		Address	Grapple md	





Name in Full		CERTIFICATE OF DEATH			
Mary Copper		Tolbat		MARYLAND	
Died at Easton		County			
Date of death 1906		Month Sept.		Day 2	
Age 43		Years		Months ?	
Sex Female		Color or Race Negro		Birthplace Tolbat Co. Md	
Occupation Cook		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Chas. Copper			
Father's Name Saul Price		Father's Birthplace Tolbat Co. Md			
Mother's Maiden Name Caroline Belt		Mother's Birthplace Tolbat Co. Md			
Name of person giving information Chas. Copper		How related to deceased Husband			
CAUSES OF DEATH					
Primary Acute Tuberculosis Lungs		How long I found it inescapable June 30 <sup>th</sup> 1906.			
Immediate Exhaustion		How long few days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. F. Davidson			
		Address Easton, Md.			
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

Clement. B. Elben

Town

County

MARYLAND

Died at Lewistown

Gallot.

Date

Month

Day

Years

Months

Days

of death 1904

Sept

10

Age

39

9

22

Sex

Male

Color or  
Race

White

Birth-  
place

Philadelphia

Occupation

Carpenter

Where Residing If not  
at place of death

Easton Md.

Married, Single  
or Widowed

Widower

Name of Wife or  
HusbandFather's  
Name

William Y. Elbin

Father's  
Birthplace

Salena N.Y.

Mother's  
Maiden Name

Georganna Mann

Mother's  
Birthplace

Kent Co Md.

Name of person giving  
Information

Wm S Elbin

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Bright's Disease (Chronic)

How long

A year or more

Immediate

Edema of lungs

How long

Months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

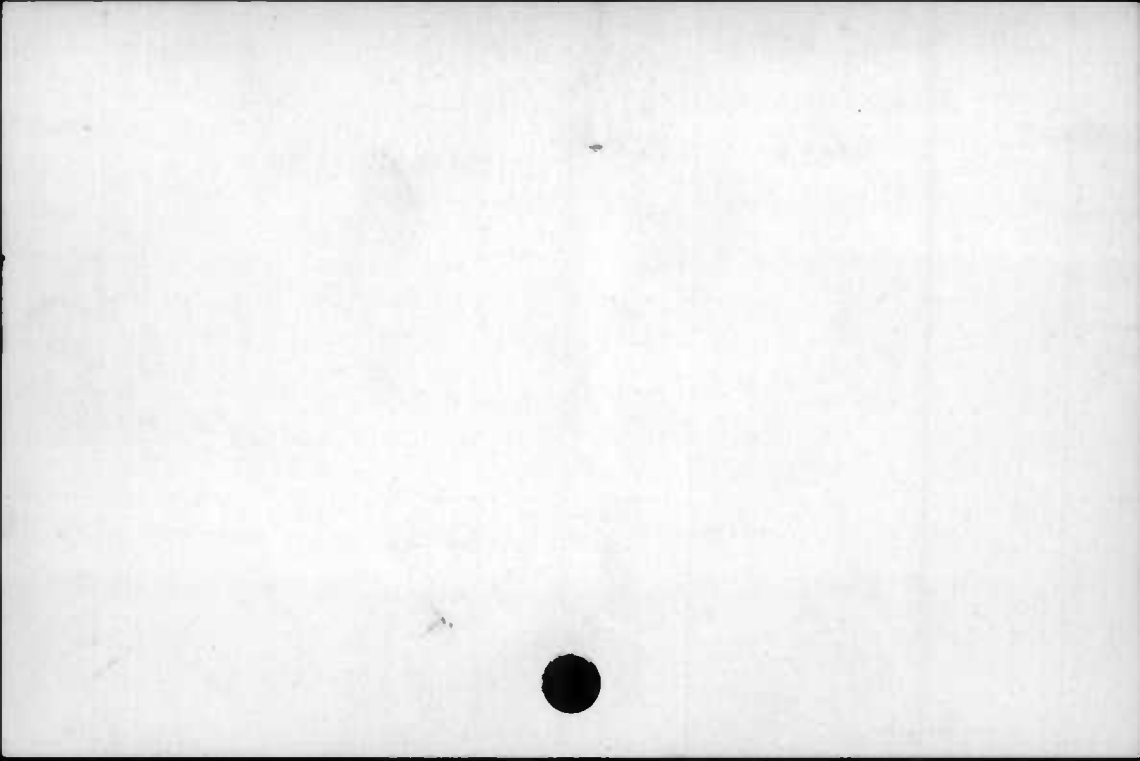
E. M. Stille

Address

Cordova  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Catherine B. Ferguson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Easton</u> Town		<u>Fulton</u> County			
Date of death <u>1906</u> Month <u>Sept.</u> Day <u>12</u> Age <u>78</u> Years		Months <u>7</u>		Days <u>-</u>	
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Fultonham N.Y.</u>	
Occupation <u>Lady</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>James Ferguson</u>			
Father's Name <u>Benjamin</u>		Father's Birthplace <u>Fultonham</u>			
Mother's Maiden Name <u>Catharine Bush</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Cornelia M. Stenson</u>		How related to deceased <u>daughter</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Organic Heart Disease - Mitral Regurgitation</u>		How long <u>Several yrs</u>
Immediate <u>Exhaustion</u>		How long <u>Several wks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas. F. Davidson</u>
		Address <u>Easton, Md.</u>
<u>Accident or Suicide</u>		



Name

in  
Full

## CERTIFICATE OF DEATH

Mary Gould

Town

County

MARYLAND

Died - New Easton

Calhoun

Date of death 1906 Sept

28

Age

8

Months

Days

Sex

Female

Color or  
Race

Negro

Birth-  
place

Occupation

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Chas Gould

Father's  
Birthplace

X

Mother's  
Maiden Name

Rosa Brice

Mother's  
Birthplace

X

Name of person giving  
In formation

Myra A. Kinnaman

How related  
to deceased

X

## CAUSES OF DEATH

Primary

Typhoid fever

How long

2 1/2 wks

Immediate

Adynamia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Wm Marshall Jr  
Easton

Accident or Suicide?

Maryland

LIBRARY BUREAU ADPIS

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

29 oswestry hill



Name  
in  
Full

Laura Gussage

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Euston</u> Town <u>Talbot</u> County		MARYLAND	
Date of death <u>1906 Sep</u>	Month <u>3</u>	Day <u>52</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Coaldale Co, Md</u>	
Occupation <u>house</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Laura Gussage</u>		
Father's Name <u>Daniel B. Gussage</u>	Father's Birthplace <u>Belmont</u>		
Mother's Maiden Name <u>Rebecca</u>	Mother's Birthplace <u>Dorchester Co, Md</u>		
Name of person giving information <u>P. J. Pritchett</u>	How related to deceased <u>Brother in Law</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart Disease</u>	How long <u>3 years</u>
Immediate <u>Albuminuria - Paralysis - Convulsions</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. R. Meade</u>
	Address <u>Euston</u>
Accident or Suicide?	



Name  
in  
Full

Sarah Miranda Lloyd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept.	24	70			
Sex	Female		Color or Race	white		Birth-place	Jalbot Co.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed		widow		Name of Wife or Husband			
Father's Name		Chas. H. Bowdle				Father's Birthplace	
						Jalbot Co.	
Mother's Maiden Name		Brown				Mother's Birthplace	
						Jalbot Co.	
Name of person giving information		Chas. B. Lloyd				How related to deceased	
						Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gangrene & Septicemia	How long	3 weeks
Immediate	Galapae	How long	Severe hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. S. Symons
		Address	Drappie md.
Accident or Suicide?			



Name  
in  
Full

Charles Lee Mc Ginn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1906	Month Sept	Day 9th	Age	Years 47	Months 4	Days 0
Sex	Male		Color or Race	White		Birth- place	Easton
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Charles H. Mc Ginn			
Father's Birthplace				Easton			
Mother's Maiden Name				Sarah Gertrude Sarbuton			
Mother's Birthplace				St. Michaels			
Name of person giving Information				Charles H. Mc Ginn			
How related to deceased				Father			

## CAUSES OF DEATH

Primary	<del>Heart</del> <i>Coronary</i>	How long	<i>Two weeks</i>
Immediate	<del>Heart</del> <i>Coronary</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>P. L. Draper</i>
		Address	<i>Easton, Md</i>
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Sept 10 1881

Name  
in  
Full

Mary E Murray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Easton* Town

County

*Talbot*Date of death *1906 Sept* Month

Day

*10*

Age

Years

Months

Days

*7*Sex *Female*Color or  
Race*Black*Birth-  
place*Easton*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*John H Murray*Father's  
Birthplace*Easton*Mother's  
Maiden Name*Bessie E Murray*Mother's  
Birthplace*Easton*Name of person giving  
information*John H Murray*How related  
to deceased*Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Not known*

How long

*one day*

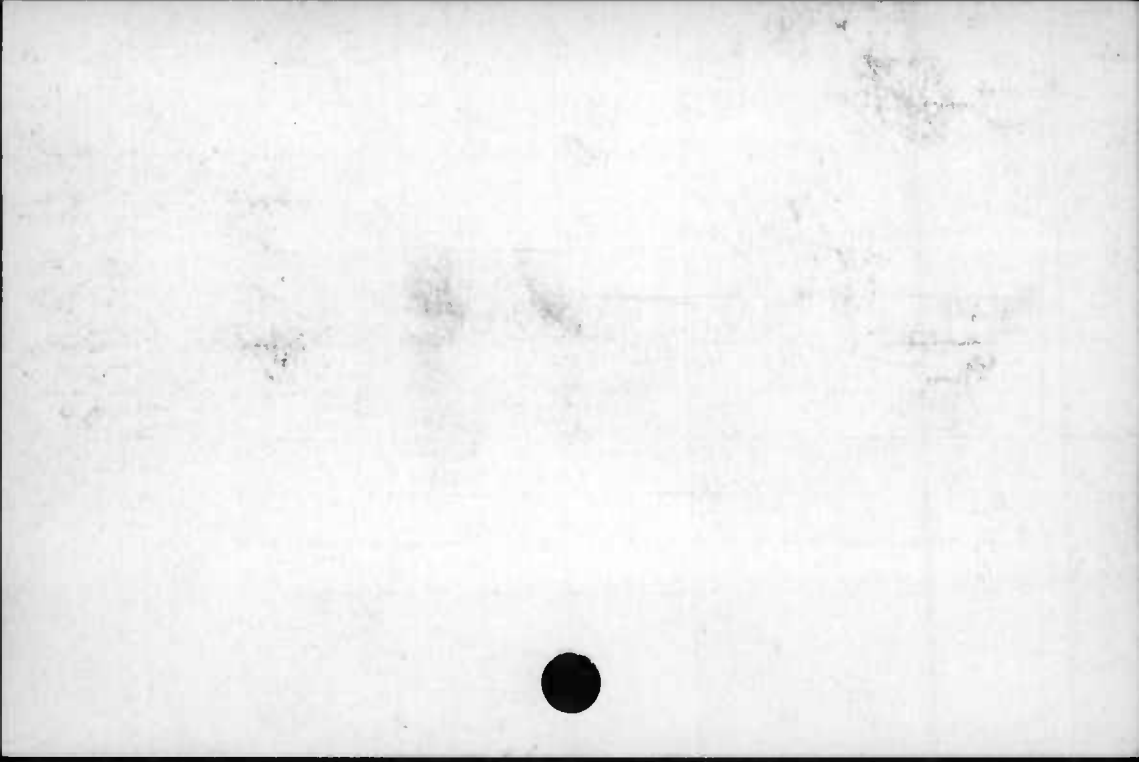
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*No Dr*

Address

*Sand Patch House  
undertakers*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

Justin J. Nelson

Town

County

MARYLAND

Died at Windy Hill

Baltimore

Date

1906

Month

Sept.

Day

25

Age

Years

Months

Days

14

Sex

male

Color or  
Race

✓

Birth-  
place

Windy Hill

Occupation

✓

Where Residing if not  
at place of death

✓

Married, Single  
or Widowed

✓

Name of Wife or  
Husband

✓

Father's  
Name

Henry E. Nelson

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Agnes Alma Leonard

Mother's  
Birthplace

Md.

Name of person giving  
In formation

H. E. Nelson

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Malnutrition - 3 months

How long

2 weeks

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Wm S. Seymour

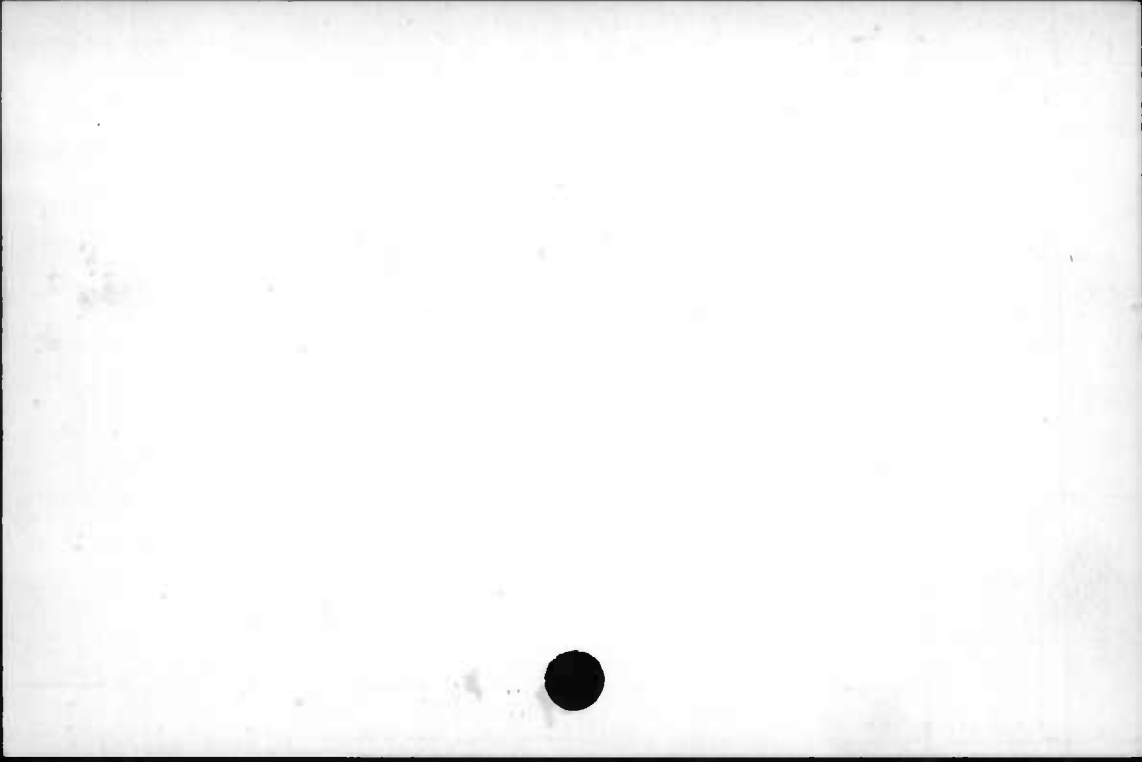
Address

Drappes Md

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Eleanor Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Near Chapel <sup>County</sup> TalbotDate of death 1906 <sup>Month</sup> Sept <sup>Day</sup> 10 <sup>Age</sup> 82 <sup>Years</sup> <sup>Months</sup> 6 <sup>Days</sup>Sex Female <sup>Color or Race</sup> Black <sup>Birth-place</sup> Talbot CoOccupation Serrant <sup>Where Residing if not at place of death</sup> Near chapelMarried, Single or Widowed Widow <sup>Name of Wife or Husband</sup> Henry PriceFather's Name Gabriel Williams <sup>Father's Birthplace</sup> Dont KnowMother's Maiden Name Dont Know <sup>Mother's Birthplace</sup> "Name of person giving information Robt Wilson <sup>How related to deceased</sup> Son in Law

## CAUSES OF DEATH

Primary General Anesthesia <sup>How long</sup> 2 years.Immediate Cordial Anesthesia <sup>How long</sup> one month

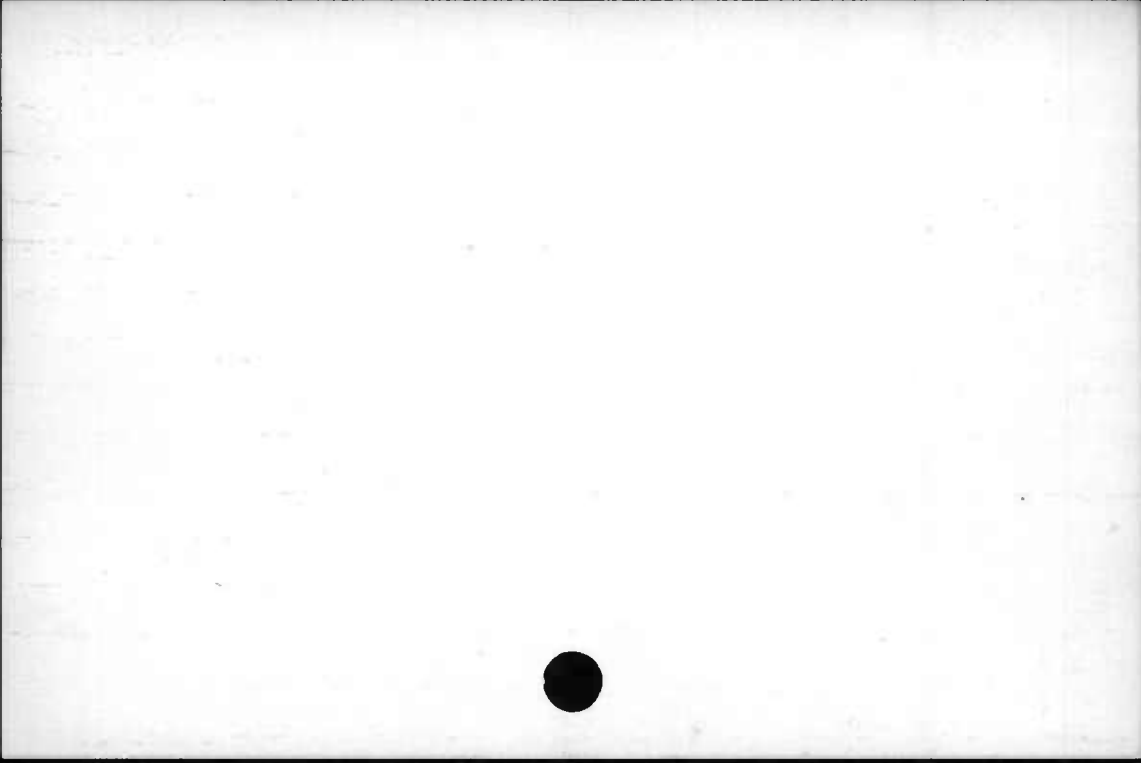
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

P. J. Moore, Esq. Talbot Co

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Francis Rittenhouse

Town

County

MARYLAND

Died at

15 1/2 m. East of Easton Talbot

Date

Month

Day

Years

Months

Days

of death 1906

Sept

2nd

Age

Seven

One

Seven

Sex

Female

Color or  
Race

White

Birth-  
place

2 m. South Easton

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Frank H Rittenhouse

Father's  
Birthplace

Ohio

Mother's  
Maiden Name

Addie P. Simpson

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Frank H Rittenhouse

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Acute Nephritis

How long

Three weeks

Immediate

Renal morbid

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

P. I. Thayer

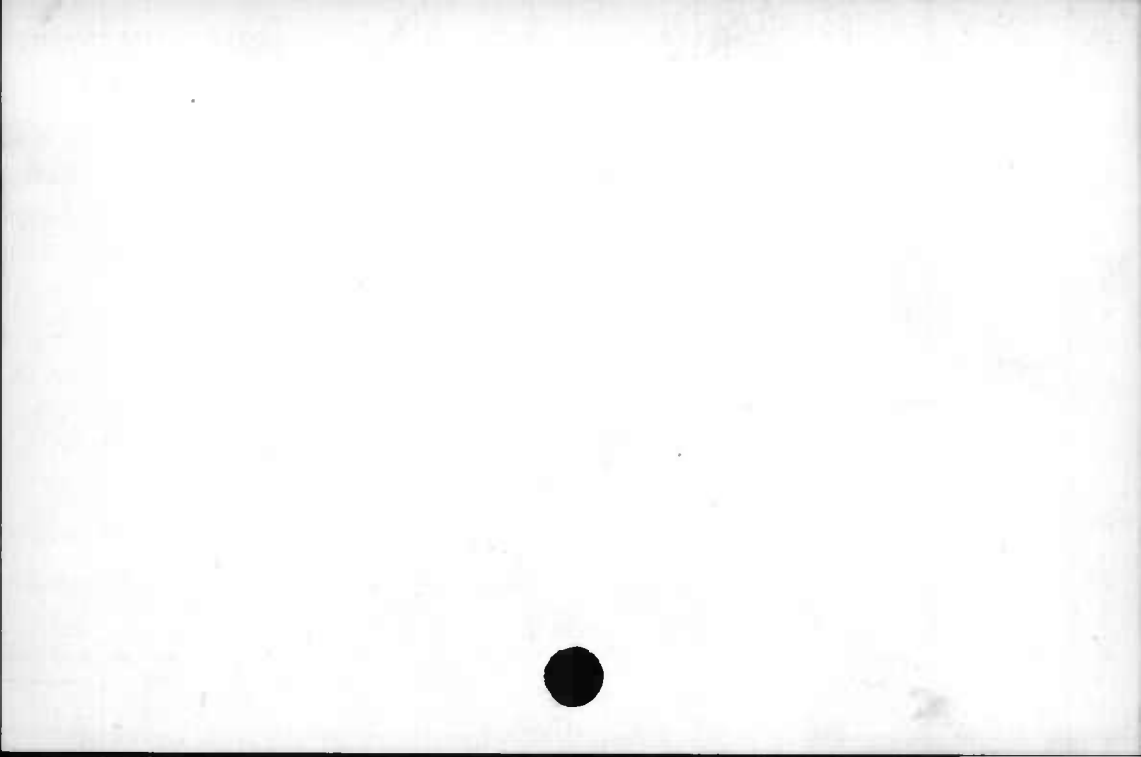
Easton. Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sept 4 de Chopin

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died near <i>Mar</i>		Town <i>Trappe</i>		County <i>Talbot</i>
	Date of death <i>1906</i>		Month <i>9</i>	Day <i>7</i>	Age <i>—</i>
	Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Talbot Co, Md</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Andrew Henry Ross</i>	Father's Birthplace <i>Talbot Co Md</i>			
	Mother's Maiden Name <i>Emily Catherine Camper</i>	Mother's Birthplace <i>Talbot Co Md</i>			
Name of person giving information <i>Andrew H Ross</i>		How related to deceased <i>Father's</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Diarrhoea</i>		How long	<i>105</i>
	Immediate	<i>Exhaustion</i>		How long	<i>5 days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Joseph A Ross Md</i>	
				Address <i>Trappe Talbot Co Md</i>	
	Accident or Suicide?				





Name  
in  
Full

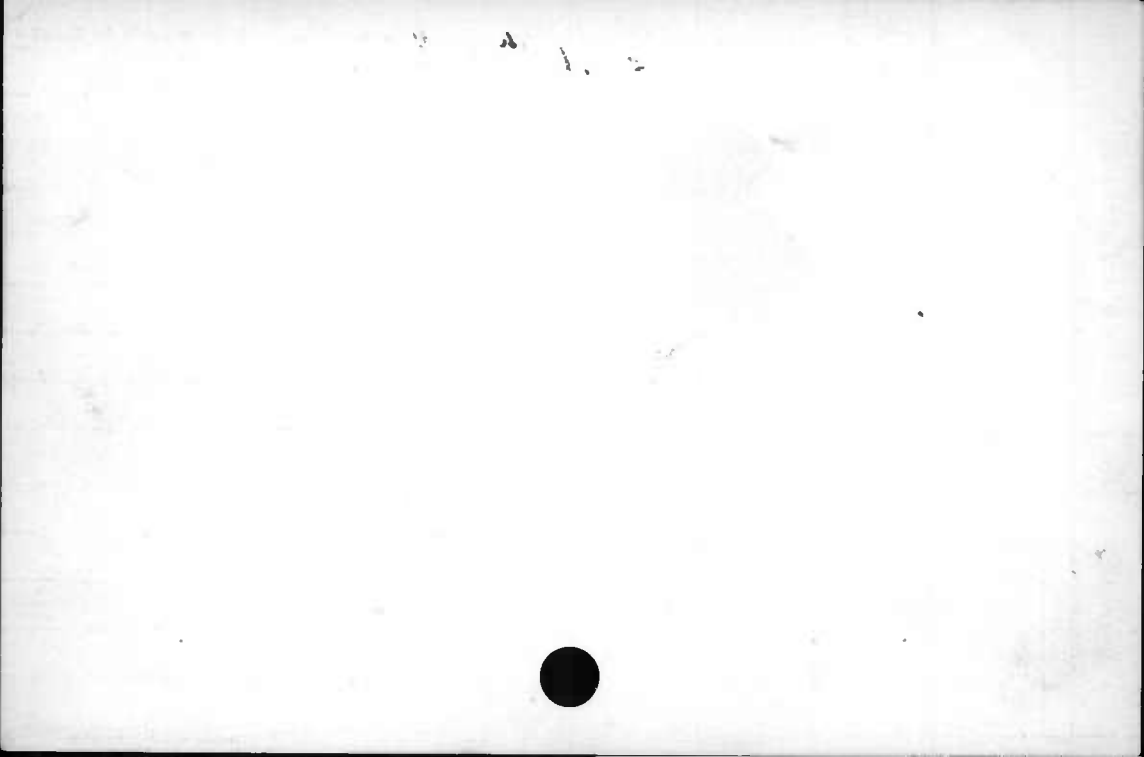
Mrs. Laura Sinclair

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Tilghman</i> <sup>County</sup> <i>Talbot</i>		MARYLAND	
Date of death	1906	Month	Sep
		Day	13
		Age	27
		Years	
		Months	6
		Days	6
Sex	Female		Birth-place
	Color or Race		White
Occupation	Housewife		Where Residing if not at place of death
			Tilghman Md
Married, Single or Widowed	Married		Name of Husband
			Daisy B. Sinclair
Father's Name	Grove Edward Horwath		Father's Birthplace
			Talbot Co. Md
Mother's Maiden Name	Mary E. Horwath		Mother's Birthplace
			Talbot Co. Md
Name of person giving information	Daisy B. Sinclair		How related to deceased
			Husband

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>		How long	<i>2 weeks</i>
	Immediate	"		How long	"
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			no	Address	
				Tilghman Md	
Accident or Suicide?		no			



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jesse Thomas*

Died at *Irytown near Easton* Town *Falbot* County

Date of death *1906* Month *Sept* Day *25* Age *18* Years Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Falbot Co*

Occupation *Laborer* Where Residing If not at place of death *Irytown*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Nanny Bunting* How related to deceased *Friend*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *1*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr B. Bunting*

Address *Bunting*

Accident or Suicide? ☒

27- June 1900

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Michael</i>		Town <i>Talbot</i>		County	
Date of death <i>1906</i>		Month <i>Sept.</i>	Day <i>11th</i>	Years <i>15 years</i>	Months
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>St. Michael</i>	
Occupation <i>housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Jones Holmes</i>		Father's Birthplace <i>St. Michael</i>			
Mother's Maiden Name <i>Annie Johnson</i>		Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Jones Holmes</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Zipp</i>
	Address <i>St. Michael Maryland</i>
Accident or Suicide?	

